

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA  
2001/02  
FORM

COVER PAGE  
**460**

Page 1 of 20

For Official Use Only

Statement covers period

from 07/01/2016

through 09/24/2016

Date of election if applicable:  
(Month, Day, Year)

11/08/2016

SEE INSTRUCTIONS ON REVERSE

## 1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall

(Also Complete Part 5.)

☒ General Purpose Committee

- ☒ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee  
☐ Primary Formed  
☐ Controlled  
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/  
Officeholder Committee  
(Also Complete Part 7.)

## 2. Type of Statement:

- ☒ Pre-election Statement  
☐ Semi-annual Statement  
☐ Termination Statement  
☒ Amendment (Explain below)

Update summary page and schedule I

- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection  
Statement - Attach Form 495

## 3. Committee Information

I.D. NUMBER  
1357256

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Dignity CA SEIU Local 2015

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Los Angeles</u>	<u>CA</u>	<u>90057</u>	<u>(213)985-0394</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95814</u>	

OPTIONAL: FAX/E-MAIL ADDRESS  
(213) 368-0699 / info@olsonhagel.com

## Treasurer(s)

NAME OF TREASURER  
Dereck Smith

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Los Angeles</u>	<u>CA</u>	<u>90057</u>	<u>(213) 985-0394</u>

NAME OF ASSISTANT TREASURER, IF ANY  
Kimberly Evon

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Los Angeles</u>	<u>CA</u>	<u>90057</u>	<u>(213) 985-0394</u>

OPTIONAL: FAX/E-MAIL ADDRESS

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/27/2016 By Dereck Smith  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/27/2016 By Dereck Smith  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC  
State of California

# Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

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## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

## 6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT  
☐ OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

## 7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from 07/01/2016 through 09/24/2016	<b>CALIFORNIA FORM 460</b> Page 3 of 20 I.D. NUMBER 1357256
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dignity CA SEIU Local 2015

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$0.00	\$887,374.20
2. Loans Received .....	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$0.00	\$887,374.20
4. Nonmonetary Contributions .....	Schedule C, Line 3	\$0.00	\$2,000.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$0.00	\$889,374.20

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$355,986.14	\$727,712.20
7. Loans Made .....	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$355,986.14	\$727,712.20
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	\$1,452.37	\$1,452.37
10. Nonmonetary Adjustment .....	Schedule C, Line 3	\$0.00	\$2,000.00
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$357,438.51	\$731,164.57

## Expenditure Limit Summary for State Candidates

### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$1,146,390.65	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts .....	Column A, Line 3 above	\$0.00	
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	\$60,728.86	
15. Cash Payments .....	Column A, Line 8 above	\$355,986.14	
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$851,133.37	
If this is a termination statement, Line 16 must be zero.			

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$0.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$1,452.37

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

# Schedule A

## Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2016	
through	09/24/2016	Page 4 of 20
NAME OF FILER Dignity CA SEIU Local 2015		I.D. Number 1357256

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL** \$0.00

### Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) .....	\$0.00
2. Amount received this period - unitemized contributions of less than \$100 .....	\$0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL</b> \$0.00

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)  
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# Schedule B – Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period  
from 07/01/2016  
through 09/24/2016

CALIFORNIA  
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Dignity CA SEIU Local 2015

I.D. NUMBER  
1357256

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		 RATE %  		CALENDAR YEAR  PER ELECTION**  
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		 RATE %  		CALENDAR YEAR  PER ELECTION**  
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		 RATE %  		CALENDAR YEAR  PER ELECTION**  
					DATE DUE		DATE INCURRED	

SUBTOTALS

## Schedule B Summary

1. Loans received this period. \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \_\_\_\_\_  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net** \_\_\_\_\_  
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule B - Part 2

## Loan Guarantors

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>07/01/2016</u> through <u>09/24/2016</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>6</u> of <u>20</u>
I.D. Number 1357256	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Dignity CA SEIU Local 2015

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
<b>SUBTOTAL</b>					Enter on Summary Page, Line 17 only.	

# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>07/01/2016</u> through <u>09/24/2016</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>7</u> of <u>20</u>
I.D. Number 1357256	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Dignity CA SEIU Local 2015

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

\*Contributor Codes  
 IND - Individual  
 COM- Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule D

## Summary of Expenditures

### Supporting/Opposing Other

### Candidates, Measures and Committees

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		CALIFORNIA FORM <b>460</b>	
from	07/01/2016		
through	09/24/2016	Page 8 of 20	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Dignity CA SEIU Local 2015

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/19/2016	Payee Name: Sergio Jimenez for City Council 2016- District 2 Candidate Name: Sergio Jimenez City Council Member District 2 Jurisdiction: City of San Jose	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$500.00	\$1,100.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/24/2016	Napa Solano Central Labor Council	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,120.00	\$3,620.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/24/2016	Payee Name: Sandra Lee Fewer for Supervisor 2016 Candidate Name: Sandra Lee Fewer County Supervisor District 1 Jurisdiction: City and County of San Francisco	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$500.00	\$500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

## Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$43,322.37
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL** \$43,322.37

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC



**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 07/01/2016

through 09/24/2016

**CALIFORNIA  
FORM 460**

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NAME OF FILER  
Dignity CA SEIU Local 2015

I.D. NUMBER  
1357256

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/24/2016	Payee Name: Kimberly Alvarenga for Supervisor 2016 Candidate Name: Kimberly Alvarenga County Supervisor District 11 Jurisdiction: City and County of San Francisco	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input type="checkbox"/> Independent Expenditure		\$500.00	\$500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/24/2016	Payee Name: Hilary Ronen for Supervisor 2016 Candidate Name: Hilary Ronen County Supervisor District 9 Jurisdiction: City and County of San Francisco	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$500.00	\$500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/24/2016	Payee Name: Carla Castilla for Supervisor 2016 Candidate Name: Carla Castilla County Supervisor District 3 Jurisdiction: Ventura County	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$750.00	\$750.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
9/6/2016	Alameda County Democratic Central Committee	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$2,500.00	\$2,500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 07/01/2016

through 09/24/2016

**CALIFORNIA**  
**FORM 460**

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NAME OF FILER  
 Dignity CA SEIU Local 2015

I.D. NUMBER  
 1357256

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/21/2016	Lake County Democratic Central Committee	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$500.00	\$500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
9/22/2016	Working People supporting Hahn for Supervisor 2016 Memo Reference: EXP327	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$25,000.00	\$25,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
9/23/2016	San Francisco Tenants and Families for Affordable Housing, sponsored by community and labor organizations	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$10,000.00	\$10,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
9/17/2016	Neighbors United for a Stronger Middle Class to Support Eloise Reyes for Assembly 2016 Memo Reference: PDT13	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Staff time, transportation expenses, and cell phones	\$1,452.37	\$1,452.37	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL** \$43,322.37

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from 07/01/2016 through 09/24/2016	<b>CALIFORNIA FORM 460</b> Page 11 of 20 I.D. NUMBER 1357256
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Dignity CA SEIU Local 2015

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Olson, Hagel & Fishburn LLP Sacramento, CA 95814	PRO		\$667.90
Sergio Jimenez for City Council 2016- District 2 San Jose, CA 95123	CTB		\$500.00
Committee ID: 1381456 Olson, Hagel & Fishburn LLP Sacramento, CA 95814	PRO		\$1,588.76

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$355,971.78
2. Unitemized payments made this period of under \$100. ....	\$14.36
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL</b> \$355,986.14

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2016		
through 09/24/2016		Page 12 of 20
NAME OF FILER Dignity CA SEIU Local 2015		I.D. NUMBER 1357256

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Napa Solano Central Labor Council Vallejo, CA 94590	CTB			\$1,120.00
Committee ID: 742921				
Sandra Lee Fewer for Supervisor 2016 San Francisco, CA 94118	CTB			\$500.00
Committee ID: 1382203				
Kimberly Alvarenga for Supervisor 2016 San Francisco, CA 94117	CTB			\$500.00
Committee ID: 1381277				
Hilary Ronen for Supervisor 2016 San Francisco, CA 94110	CTB			\$500.00
Committee ID: 1381294				
Carla Castilla for Supervisor 2016 Camarillo, CA 93010	CTB			\$750.00
Committee ID: 1379432				

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2016		
through 09/24/2016		Page 13 of 20
NAME OF FILER Dignity CA SEIU Local 2015		I.D. NUMBER 1357256

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
EMC Research Inc. Oakland, CA 94612	OFC			\$237.30
EMC Research Inc. Oakland, CA 94612			Travel Expenses	\$1,291.56
EMC Research Inc. Oakland, CA 94612	POL			\$58,600.00
Black PAC Washington, DC 20036			Contribution to federal independent expenditure committee	\$250,000.00
Alameda County Democratic Central Committee Concord, CA 94518	CTB			\$2,500.00
Committee ID: 747153				

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2016		
through 09/24/2016		Page 14 of 20
NAME OF FILER Dignity CA SEIU Local 2015		I.D. NUMBER 1357256

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Olson, Hagel & Fishburn LLP Sacramento, CA 95814	PRO		\$1,716.26
Lake County Democratic Central Committee Concord, CA 94518	CTB		\$500.00
Committee ID: 961174 Working People supporting Hahn for Supervisor 2016 Long Beach, CA 90807 Memo Reference: EXP327	CTB		\$25,000.00
Committee ID: 1388881 San Francisco Tenants and Families for Affordable Housing, sponsored by community and labor organizations Sacramento, CA 95814	CTB		\$10,000.00
Committee ID: 1378915			

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL** \$355,971.78

# Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period  
from 07/01/2016  
through 09/24/2016

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NAME OF FILER  
Dignity CA SEIU Local 2015

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1357256

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
SEIU Local 2015 Los Angeles, CA 90057	CTB Staff time, trans. expenses, and cell phones; In-Kind to Neighbors United for a Stronger Middle Class to Supp. E. Reyes for Asm. 2016 (ID #1385275)	\$0.00	\$1,452.37	\$0.00	\$1,452.37

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTALS** \$0.00 \$1,452.37 \$0.00 \$1,452.37

## Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS** \$1,452.37
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS** \$0.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET** \$1,452.37  
May be a negative number.

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2016	
through	09/24/2016	Page 16 of 20

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NAME OF FILER  
Dignity CA SEIU Local 2015

I.D. NUMBER  
1357256

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
EMC Research Inc.

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Athena Research Group Riverside, CA 92501	POL			\$4,560.00
Holiday Inn Express Los Angeles, CA 90064			Travel Expenses	\$1,291.56
Schlesinger Associates Iselin, NJ 08830	POL			\$3,161.00
Political Data, Inc. Norwalk, CA 90650	POL			\$8,100.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$17112.56

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**



# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period  
from 07/01/2016  
through 09/24/2016

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Dignity CA SEIU Local 2015

I.D. NUMBER  
1357256

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
EMC Research Inc.

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Schlesinger Associates Iselin, NJ 08830	POL			\$2,800.00
Lazar & Associates Los Angeles, CA 90025	POL			\$581.76

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$3381.76

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule H – Loans Made to Others\*

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE H

Statement covers period

from 07/01/2016

through 09/24/2016

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Dignity CA SEIU Local 2015

I.D. NUMBER  
1357256

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		<b>SUBTOTALS</b>						

(Enter (e) on  
Schedule I, Line 3)

## Schedule H Summary

1. Loans made this period .....  
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans .....  
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET**  
(Enter the net here and on the Summary Page, Column A, Line 7.)

\*\* If Required

(May be a negative number)

# Schedule I

## Miscellaneous Increases to Cash

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE I

Statement covers period  
from 07/01/2016  
through 09/24/2016

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I.D. NUMBER  
1357256

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
9/23/2016	SEIU Local 2015 Issues PAC Los Angeles, CA 90057  Filer ID: 1378400	Reimbursement of Research Expenses	\$60,128.86
9/8/2016	Sergio Jimenez for City Council 2016- District 2 San Jose, CA 95123  Filer ID: 1381456	Refund of Contribution	\$600.00

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$60,728.86

### Schedule I Summary

1. Increases to cash of \$100 or more this period.....	\$60,728.86
2. Unitemized increases to cash under \$100 this period. ....	\$0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....	\$0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....	<b>TOTAL</b> \$60,728.86

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

Memo Reference: EXP327

Contribution to primarily formed independent expenditure committee supporting Janice Hahn for Supervisor, Los Angeles County

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Memo Reference: PDT13

9/17/16-9/24/16; Contribution to primarily formed independent expenditure supporting Eloise Reyes for Assembly District 47

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Memo Reference: EXP327

Contribution to primarily formed independent expenditure committee supporting Janice Hahn for Supervisor, Los Angeles County

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